

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033611

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8878

VS 300  
Rev. 4/59

1

2 0790

3

4 0

5 0

6

7 0

8 1

9

10

11

12 55-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		c. CITY OR TOWN <u>Perryville, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardinal Glennon Memorial Hospital for Children</u>		d. STREET ADDRESS (If outside, give location) <u>Route #2</u>	
3. NAME OF DECEASED (Type or print) First <u>Von</u> Middle <u>James</u> Last <u>Ernst</u>		4. DATE OF DEATH Month <u>9</u> Day <u>2</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/12/1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. BIRTHPLACE (City and state or country) <u>Perryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Weldon J. Ernst</u>		13b. MOTHER'S MAIDEN NAME <u>Wilberta T(Bohnert) Ernst</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Weldon J. Ernst, Perryville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Purulent Peritonitis</u> DUE TO (b) <u>unknown cause of infection -</u> DUE TO (c) <u>endothelial infection</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2021</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 months</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>10:30 a.m.</u> Month, Day, Year <u>9-2-63</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2021</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2021</u>	
20f. CITY, TOWN, OR LOCATION <u>Perryville, Mo.</u>		20g. COUNTY <u>Perry</u>	
20h. STATE <u>Missouri</u>		20i. CITY, TOWN, OR LOCATION <u>Perryville, Mo.</u>	
20j. COUNTY <u>Perry</u>		20k. STATE <u>Missouri</u>	
21. I attended the deceased from <u>7-16-63</u> to <u>9-2-63</u> and last saw her/him alive on <u>9-1-63</u> . Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John D. Smith M.D.</u>	
22b. ADDRESS <u>1501 N. Main St.</u>		22c. DATE SIGNED <u>9-3-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-4-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		23d. LOCATION (City, town, or county) <u>Biehle, Mo.</u>	
24. FUNERAL DIRECTOR <u>Bey Funeral Home, Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 3 1963</u>	
26. REGISTRAR'S SIGNATURE <u>John D. Smith M.D.</u>		27. REGISTRAR'S SIGNATURE <u>John D. Smith M.D.</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.